

Our Link to You



February 2011

In an effort to disseminate information to the community more frequently, the Talbot Family Network has developed <u>Our Link to You</u>. Each edition will highlight programs that we fund, committees our staff participates in, and provide a listing of training opportunities and special events.

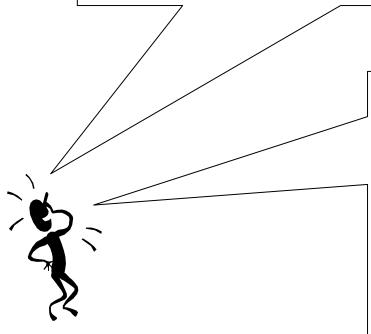
Important Community Information

Rural CARES Partnership Council Quarterly Meeting of Regional Stakeholders

All stakeholders – those from public agencies, private or non-profit organizations, as well as youth and family members – are invited to engage in discussion about recent developments in Rural CARES and share with others news from their own organizations which impact children and families on our region.

February 15 at 1:30 p.m. at Krystal Q 9630 Technology Drive, Easton

Contact Patty Herodier for more information at 410-820-7430



Seeking New Members

The Youth Coalition, as a part of Talbot partnership, is

The Youth Coalition is looking for new members interested in taking a leadership role in the community. Youth ages 13 through 18 are invited to come see what the Youth Coalition is all about.

For more information contact Gary Pearce at 410-819-8067 or gpearce@talbotpartnership.org.

TFN Closings February 21, 2011

Presidents Day

Survey, Volunteer Transportation Services Providers, 5-County Region

Area health and transportation providers have formed a 5-county network (Caroline, Dorchester, Kent, Queen Anne's, and Talbot) to find additional ways to help people get to doctor's appointments and back home again. Transportation is a big barrier in our area, and we are trying to learn more about informal transportation services that already exist.

Could you please take a moment to tell us about informal transportation services that your organization from time-to-time provides? If you have questions, please call 410 810 2673.

ſ	Name of your Organ	ization/Group	:										
Loc	ation of your Organ	ization/Group	:										
1.	<u>Does your organization provide transportation assistance on a voluntary basis to people who have transportation needs?</u> (If the answer is no, please skip to #12 and #13)												
	Yes N	lo (ciı	cle one)										
2.	Does your group pro	vide transporta	tion to anyor	ne who asks, o	r only to a par	ticular set of people? (circ	cle one)						
	Anye	one Who Asks		A Particular group of people									
	(if only to a particular group, please identify the group)												
3.	Does your group p	rovide transpo	rtation duri	ng set times	or days, or is	it flexible? (circle one)							
	Specific times/days				Flexible								
4.	Are rides available only within a particular area, or can people be taken longer distances (for example, to a hospital in another county? To the western shore?) (circle one)												
S	hort Distances Only	Eastern	Shore Only	Wes	stern Shore /	points North							
5.	5. Is assistance provided beyond a simple ride and drop off? For example, if a round trip is needed, is the volunteer driver willing to stay with the passenger (wait with them for a doctor's appointment)? (circle												
	Drop Off,	Round	Trip,	Round Trip	and '	'Arm in Arm" from hom	ne to						
	one way	transpor	t only	wait w/pat	tient	doctor & back							
6.	How do the volunt	eer drivers get	connected	to the people	e who need a	ride?							
7.	Approximately how many volunteer drivers do you have? (circle one)												
	1 driver	2-3 drivers	4-5 dr	ivers	6 or more	Not Sure							

No Rides	1-2 rides	3-5 rides	6-9 rides	10 rides or more	Not Sure		
9. <u>Are any of t</u>	he vehicles use	d accessible fo	r persons with	disabilities? (circle one	e)		
	Yes, Accessibl	e	No, Not Accessible				
10. Is the progr	am successful a	as is, or are the	re obstacles tha	at keep the program fr	om being effective		
there are of	bstacles, what a	are they? How	could the progr	ram be better? (circle	one)		
Suc	cessful, no pro	blems	There are obstacles				
(if there are obs	stacles, please de	scribe):					
11. <u>May we con</u>	tact you for add	ditional informa	ation (circle on	ie) Yes	No		
(if yes, please	e provide contact	information, be	low)				
Namo	of Person to Cor	stact:					
ivalile C							
	Convenient						
					_		
·				lunteer transportation	services to medica		
<u>appointmer</u>	nts? (if yes, ple	ase provide coi	ntact informati	on)			
Na	ame of organiza	ntion:					
Name o	of Person to Cor	tact.					
	Phone/e	1					
13. Would you program? (n learning more	e about operati	ng a volunteer-based t	ransportation		
		Yes	No	(circle one)			
	(if ye	s, please provid	le contact infor	mation under #11, abo	ve)		
ner Comments (optional):						
(

8. Approximately how many rides would you estimate are given per month? (circle one)

PLEASE RETURN THIS SURVEY TO:

THE LOCAL MANAGEMENT BOARD FOR CHILDREN'S & FAMILY SERVICES OF KENT COUNTY 400 HIGH STREET, COURT HOUSE ANNEX, CHESTERTOWN, MD 21620 You may also e-mail the survey to jrandolph@kentgov.org or fax it to 410.810.2674

NOTE: The purpose of this survey is to get a sense of the extent of volunteer services available. We will not share information that you provide here with the public without your express authorization to do so.